

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

Southern District of New York



Leocaido Perez

Plaintiff/Petitioner

v.

The Madison Sq. Graden Company et al

Defendant/Respondent

))))))

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

Rockrose Company, 4322 Queens Street, Long Island City, Queens 11101

My gross pay or wages are: \$ 750.00 , and my take-home pay or wages are: \$ 560.00 per
(specify pay period) week

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

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4. Amount of money that I have in cash or in a checking or savings account: \$ 0.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

I make two car payments in the amount of \$840.00 and pay auto-insurance in the amount of \$200.00 with my wife.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

I pay the following: Mortgage (\$2,000); utilities (\$675); loan (\$400) and weekly expenses. The weekly expenses include but are not limited to gas, parking, tolls, food/supplies for the house, diapers, formula, medical co-payments, clothing and any other items needed. This totals to about \$3,925

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

My son, L.J.P is 3 years old is dependent on me for support. I am his father and contribute half of my income to his support. He is an autistic child that will require additional services that will be paid out of pocket.

My daughter, G.L.P., is 9 months old is dependant on me for support. I am her father and contribute half of my income to her support. It is unknown if she is a special needs child, like her brother.

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

I have a credit card debt of \$7,500.00 and must pay \$700.00 monthly.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 4.1.19


Applicant's signature

Leocadio Perez
Printed name